



Executive Department

155 COTTAGE STREET NE., SALEM, OREGON 97310

Neil Goldschmidt
Governor

February 10, 1987

Honorable S. Jean Cowan
Mayor of Elgin
P.O. Box 656
Elgin, OR 97827

Re: Grant No. 85-507-TA for \$8,500

Enclosed is a signed copy of your Certificate of Completion. The above grant is now declared complete.

We hope the financial assistance provided by the State of Oregon to your Community will significantly improve the health, safety and welfare of your citizens and promote the successful development of your community.

Sincerely,

INTERGOVERNMENTAL RELATIONS DIVISION

Yvonne Addington, Manager
Community Development Program

YA:re:1078t



STATE OF OREGON

INTEROFFICE MEMO

TO: Yvonne Addington, Manager
Community Development Program - IRD

DATE: February 10, 1987

FROM: Rick Craiger, Project Coordinator
Community Development Program - IRD

SUBJECT: Close Out Report for the City of Elgin Technical Assistance Grant to study Industrial Site Development and Storm Sewer Utility Deficiencies.

I. Project Summary

- a. Elgin Grant #85-507-TA
- b. Awarded March 8, 1985 closing March 8, 1987
- c. Grant Amount: \$8,500

II. Monitoring/Contract Compliance

<u>Proposed Accomplishments</u>	<u>Budget</u>	<u>Results to Date</u>	<u>Spent to Date</u>
Develop a storm drainage plan to reduce I/I and investigate ind. site utility needs	\$8,500	Complete	\$8,500

The monitoring visit identified three areas of concern as identified below:

1. The City must adopt a written Code of Conduct. This type of internal control is covered in the 1980 Personnel Policy.
2. The City must adopt a Fair Housing Resolution. This was done and forwarded to this office as Resolution #1986-8.
3. In the future the City must include a Equal Opportunity clause in its position announcements. This has been done as witnessed in the field and the City forwarded to this office as Equal Opportunity/Affirmative Action Resolution #1986- 7.

There are no outstanding monitoring concerns.

III. Financial

There have been no noted deficiencies in the financial management. The audit has been received with no audit findings.

State of Oregon - Intergovernmental Relations Division

Community Development Program

Certificate of Completion

A. Name of Recipient: City of Elgin

B. Grant Number: 85-507-TA

Project Title: Intergrated sewer project

C. Final Statement of Cost

To Be Completed by Recipient

Program Activity Categories (a)		Original OCD Budget (b)	OCD Paid Costs (c)	Other Paid Costs (d)	Total Costs Column C & D (e)
C-1 Property Acquisition, Disposition, Clearance	985.560				
C-2 Senior Center/Community Facility	985.561				
C-3 Water, Sewer, Flood and Storm Drainage Facilities					
a. water improvements	985.562				
b. sewer improvements	985.563				
c. flood/storm drainage facilities	985.564	8500	8500		8500
C-4 Streets	985.565				
C-5 Other Public Fac. (solid waste, street light, etc.)	985.566				
C-6 Public Services (housing, counseling, etc.)	985.567				
C-7 Interim Assistance/Code Enforcement	985.568				
C-8 Relocation Assistance	985.569				
C-9 Housing Rehabilitation					
a. owner occupied rehabilitation	985.570				
b. rental occupied rehabilitation	985.571				
c. Program Management					
1. direct services (housing rehab., LID formation)	985.572				
2. contractural services (eng., architect., legal)	985.573				
3. capital outlay	985.574				
C-10 Public Housing Modernization/Removal of Arch. Barriers	985.575				
C-11 Planning only	985.576	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
C-12 Grant Administration/Audit					
a. personal services/indirect charges	985.577				
b. contractural services (COG, etc.)	985.578				
c. rent, utilities, operating expenses	985.579				
d. audit	985.580				
e. capital outlay, equipment, furnishings	985.581				
C-13 Assistance to For-Profit Entities (Bus. Deve.-Jobs)	985.582				
C-14 Contr. Services for Capital Projects (#2,3,4,5,9,10,13)	985.583				
C-15 Other (Specify)	985.584				
C-16 Total Program Cost (lines C-1 through C-15)					
C-17 Less Program Income applied to Program Costs			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
C-18 Total Amount applied to Program Costs		8500	8500		8500

D. Computation of Grant Balance

Grant Funds Balance

(f)	Amount (g)
D-1 Grant Amount Applied to Program Costs (from Line C-15 col(c))	
D-2 Grant Amount per Grant Agreement(s) (from Line C-15 col (b))	8500
D-3 Unutilized Grant to be Cancelled (Line D-2 minus D-1)	
D-4 Grant Funds Received (from Line C-15 col (c))	8500
D-5 Balance of Grant Payable (Line D-1 minus D-4*)	-0-

* If Line D-4 exceeds Line D-1, enter the amount of the excess on Line D-5 as a negative amount. This amount shall be repaid to IRD by check.

E. Unpaid Costs and Unsettled Third-Party Claims

List any unpaid and unsettled third-party claims against the recipient's grant. Describe circumstances and amounts involved.

/ Check if continued on additional sheet and attach.

F. Proposed Accomplishments and Results

PROPOSED ACCOMPLISHMENTS	RESULTS ACHIEVED
1. A plan for storm sewers	Received a workable plan
2. A plan for sanitary sewage system to Industrial Area.	Received same
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

/ Check if continued on additional sheet and attach.

G. Remarks

This study showed our most urgent needs, and further grant applications will be to complete the goals established in the study.

H. Certification of Recipient

It is hereby certified that all activities undertaken by the Recipient with funds provided under the grant agreement identified in this report, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Recipient for the payment of all unpaid costs and unsettled third-party claims identified hereof, that the State of Oregon is under no obligation to make any further payment to the Recipient under the grant agreement in excess of the amount identified on Line D-5 hereof; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

Date	Typed Name and Title of Highest Elected Official	Signature of Highest Elected Official
12/3/86	Shirley Jean Cowan	<i>Shirley Jean Cowan</i>

I. IRD Approval

This Certification of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract commitment and related funds reservation and obligation of \$ 8500, less \$ _____ previously authorized for cancellation. (from Line D-5)

Date	Name of IRD Administrator	Signature of IRD Administrator
12/2/86	Betty Hulse	<i>Betty Hulse</i> <i>Betty Hulse</i>

IV. Recommendation

The grant has been completed with no remaining funds. The City over spent the project amount but did so with their own funds. The study appears to give the City sufficient direction to incrementally correct high I/I problems which contribute to overloading their sewer treatment plant capacity. The County has acceptably administered this grant and should remain eligible for further Community Block Grant Funds.

